

Section of Dermatology.

President—Dr. H. G. ADAMSON.

Case of Keloid after Burns.

By E. G. GRAHAM LITTLE, M.D.

THE patient, a boy, aged 11, received a burn eight months ago, and a keloidal growth has taken place on the site of the burn, and now covers almost all the middle surface of the thigh. An interesting feature is, that part of the large patch has undergone spontaneous healing. The history is very precise, namely, that the fenestrated areas which are now, apparently, unaffected, have been keloidal, and the upper margin of the keloid was marked by this little isolated lesion on each side of the thigh. At the same time, parts of the tumour formation are extending in the typical crab-like way, so this presents a remarkable combination of the retrocessive and the advancing types of the affection. I propose to have the main area treated with radium, because it is very itchy and painful, and the boy's rest is badly disturbed by it.

? Idiopathic Hæmorrhagic Sarcoma of Kaposi.

By HENRY MACCORMAC, C.B.E., M.D.

THE patient, a man aged 59, developed the condition seen on the feet two years ago. Some years previously he had had phlebitis, but an interval elapsed during which the lower extremities remained to all outward appearances normal. The present eruption is confined to the feet. On the dorsal surface there are superficial ulcerations or abrasions; they are not extensive, and probably arise from coccal infection. All the toes of both feet are distinctly swollen and "infiltrated": the degree of congestion is considerable at times, rendering them almost plum coloured. During the summer the lesions on the toes lessen in degree, but never disappear. It is interesting to note that the patient is of Semitic origin and comes from Galicia, two points which, taken in conjunction with the morbid appearances, suggest the possibility of a hæmorrhagic sarcoma.

DISCUSSION.

Dr. J. M. H. MACLEOD said that this condition appeared to him to be more like a varicose ulceration, due to some obliterative condition of vessels, than a hæmorrhagic sarcoma.

Dr. J. H. SEQUEIRA remarked that he did not see any striking resemblance to the so-called hæmorrhagic sarcoma. In the cases he had seen there had always been a chronic purplish congestion of the extremities, in addition to the formation of nodules, and in one patient still under observation, who was shown at the International Congress in 1913, the purplish congestion had persisted throughout, and the granulomatous nodules had been more of the nature of an epi-phenomenon. The late Sir Jonathan Hutchinson originally described the condition as chronic symmetrical purplish congestion of the extremities. This patient's upper extremities were free. Histologically, the condition was inflammatory, and was best described as an angiomatous granuloma. Dr. MacLeod's suggestion was a more probable diagnosis.

Two Cases for Diagnosis.

By HENRY MACCORMAC, C.B.E., M.D.

Case I.—This boy, aged 14, has had the present condition four months. The eruption began on the chest, and gradually spread, so that it is now extensively distributed over the thorax and abdomen, upper and lower arms and thighs, and is present to some extent on the face. There are no subjective sensations, and no lesions have been found on the mucous membrane; the lymphatic glands are not enlarged. Some of the lesions are small maculæ with scaling; some are distinctly papular.

Case II.—Patient, a girl, aged 18, with a similar eruption. In her case the lesions first appeared six months ago, are profuse, and distributed in an identical manner. The greater part of the eruption is of the erythematous-squamous type and probably none of the lesions is papular, although in some the suggestion of a papular nature is conveyed to the observer. The elbows and knees are not affected.

In both cases the Wassermann reaction was negative.

These two cases present a peculiar erythematous-squamous eruption, four examples of which have recently come under my observation. In the first two cases seen the lesions completely cleared up after remaining present for from four to six months, and I think in the present cases a similar course will be pursued. It may be added that the second (female) patient was admitted to my ward with a diagnosis of psoriasis. Treatment seems to have but little effect on the lesions, and judging by the previously seen cases it would appear that the eruption follows a prolonged course, in time disappearing spontaneously.

DISCUSSION.

Dr. J. H. STOWERS inquired why Dr. MacCormac doubted the seborrhœic origin of these cases as, in his opinion, they were of that nature.

Dr. H. G. ADAMSON (President) thought that both were cases of acute psoriasis.

Dr. HALDIN DAVIS regarded both these cases as belonging to the group of pityriasis lichenoides chronica. He could not agree with the view that they were psoriasis. He did not think that any case, even of acute psoriasis, would last so long as these had—five or six months—without an increase in size of the individual lesions or without showing any tendency of the lesions to coalesce. Moreover it was not possible to get a typical psoriasis scale off any of the lesions. He also thought that the long duration of the cases proved that they were not pityriasis rosea.

Dr. BARBER agreed with Dr. Haldin Davis in regard to the second case.

Dr. DOUGLAS HEATH expressed his agreement with Dr. Stowers' views.